

State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: 2025**Limited Liability Company**

- → Filing period: February 1 May 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number	2. Exact name of the Limited Liability Company			
001687983	CITY EXPRESS LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
485310				
5. State of Formation	 .			
12:5	TRAMSPORTION			
6. Principal Office Address		City	State	Zip
175, EHFIELD	AVE	PROVIDENCE	RI	02908
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name		Contact Title		
BABATYNDE				
Street Address	•	PROVIDENCE	State	Zip
175 ENFIELD	AVE	PROVIDENCE	R.T	02908
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
9. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.				
Name of Authorized Person			Date	
BABATUNDE ADEDIRE			01/10/25	
Signature of Authorized Person				

FILED 1:45

JAN 10 2025

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov BY ESDDE

FORM 632 - Revised: 12/2023